



Pre-Proposal Meeting Summary March 8, 2007

Introductory Remarks

On March 8, 2007, Commission staff hosted a pre-proposal meeting for individuals and organizations interested in responding to the Commission's solicitation for health care reform proposals. The pre-proposal meeting opened with a presentation from Sarah Schulte. Sarah warmly welcomed the group of approximately 50 people. She emphasized that the proposers are key to the Commission process and that the best way to influence the process is to submit a proposal.

Sarah also addressed explicitly "Why aren't commissioners here?" She identified two main reasons for having a proposer-only session:

- To encourage proposers to ask any and all questions.
- To ensure the session has an informational rather than lobbying purpose.

Sarah also clarified that Commissioners have requested and will receive a full debrief of the Pre-Proposal meeting at their March 28th Commission meeting.

Introductions

Attendees briefly introduced themselves, stating their name and organization. Most indicated by a show of hands that they were involved with the development of a specific proposal, rather than attending due to general interest in the topic. (See attached list of attendees.) Note: Attendees were encouraged to sign in, but those that arrived late were not introduced and may not be on the attached list.

Presentation

Sarah conducted a brief Powerpoint presentation summarizing the history of the commission and accomplishments to date. Her presentation narrative tracked closely with the slides. (See attached.)

In addition to reviewing the information found on the slides, Sarah emphasized a couple of themes and defined some terms. For example, she reaffirmed that the focus of the session is to "take your questions." In addition, she urged organizations to use this opportunity to network and identify potential partners to collaborate with in order to submit a comprehensive proposal. She also noted

that letters of intent will be posted and may be helpful to proposers looking to identify collaborators.

While the notice of intent is not required, Sarah urged proposers to comply, noting the following benefits:

- To aid the Commission in planning its work
- To identify potential partnering opportunities
- To be added to Sarah's email list for proposer updates (that will also be posted to the web)

Questions/Comments

After the presentation, Sarah opened the meeting up to questions, which are below listed.

1. Has the evaluation firm been hired?

No – RFP was released on March 6, 2007.

2. Does the proposer have to do regulatory analysis? Will the evaluation firm do regulatory analysis?

No - Proposers are not required to do regulatory analysis, but it would be helpful to give an indication if regulatory implications are known or suspected. The independent consultant ("evaluation firm") RFP refers to requirements to analyze "other impacts". Regulatory analysis is included among these other impacts. If the evaluation firm indicates that it does not have the expertise/capacity/time to address some of these other impacts, the Commission would seek other resources.

3. The sample table of cost and coverage estimates produced by an evaluation (from a California report) does not anticipate all kinds of reform proposals. Can the evaluation firm handle all types of proposals?

Yes - The California report was chosen to be illustrative rather than exhaustive.

4. Will the extension (to January 31st) lengthen the period of time to submit a proposal?

No.

5. Can a consultant who is working with a coalition be included on the email list that Sarah maintains?

Yes.

6. Will a proposal be considered comprehensive if it addresses just one population?

Unknown – Staff is unable to answer this question because the Commission made the decision to leave this term undefined. However, the legislation

provides the following guidance in describing the Commission's charge: "to examine health care coverage and reform models designed to ensure access to affordable coverage for all Colorado residents."

7. Can you put out a niche proposal (e.g., one that addresses quality or patient safety)? Are there other ways to put that idea "out there" so any proposal can use it?

As described, proposers can use the letter of intent to indicate areas of expertise and signal interest in partnering with other organizations.

8. Is there a page limit?

Yes – There is a 35 page limit. This page limit includes most requirements listed in solicitation, but does not include appendices.

9. Are proposers required to reiterate text or themes addressed earlier in the narrative. Or, can you refer to the full narrative to answer the questions?

Reiteration is preferred. An answer to each question ensures that Commissioners fully understand all implications of the proposal. Also, reiteration ensures that Commissioners do not have to search for answers to the questions and risk overlooking a key consideration.

10. In different places in the document, potentially competing issues are raised: p. 7 (comprehensive), p. 14 (optional (source of public funds), p. 16 (sustainability)? Aren't these competing goals and isn't it inconsistent to require some things and make others optional, because they are interrelated?

The Commission talked at length about which issues to require and which to make optional. Generally, the Commission wants to know the source of funds for each proposal (employers, public, individuals) Optional: for new public funds, where would those funds come from (e.g., raise the cigarette tax?) There are also modeling reasons to identify source of funds.

11. Can proposers pose questions to modelers into a response?

Yes - Try to give as much detail on assumptions as possible, but modelers have staff who are "bilingual" in health policy and modeling and will work with proposers to define assumptions.

12. Is a separate narrative required, or can a proposer just answer all of the questions.

A separate narrative is not required. Within the 35 page limit, a proposer could add a narrative/additional information to help the Commissioners understand the proposal.

13. There is a footnote on page 10 of the Solicitation that references a definition for "comprehensive" in the definitions, but there isn't one.

Yes, there is no definition for ‘comprehensive’ in the definitions. This footnote should have been deleted.

14. Please identify an existing benefit package. Wouldn't it be helpful to standardize the comparison across proposals? How would your proposed benefit package compare to the Medicare benefits package?

The purpose of this question is for modeling. (See also, question 15.)

15. What if a proposer wishes to use the Medicare benefit package, but Medicare is not a Colorado benefit package?

“Benefit packages used in Colorado” was the intended meaning here. Again, the purpose of this requirement is to make benefit package assumptions concrete for the evaluator. Benefit packages are important, for example, for modeling costs.

16. Can Commission make available to proposers the different benefit plans used in Colorado?

We'll take this request to the Commission. Staff is willing to provide this, pending Commission approval.

17. Increase coverage and reduce costs. Would it be acceptable to have a proposal that does not to reduce costs?

Both coverage and cost are referenced in the legislation and affirmed by the Commissioners. RFP includes several types of costs (e.g., aggregate costs, per capita costs, rate of cost growth), and aims to project costs over a period of time (up to 10 years).

Proposer Comment: Further clarification from the Commission on what “reducing costs” means would be desirable.

18. You say we don't have to hire actuaries, but the cost containment language is very specific. I am confused about the matrix of issues: cost containment, sustainability, comprehensiveness?

Aggregate costs may not go down, but the proposal may introduce incentives to reduce the rate of growth.

Proposer Comment: The Commission principles say “Expand coverage of essential health care services for all Coloradans ” So, the focus is not just on the uninsured. **Can the Commission reconcile these issues and/or provide more direction?**

19. Do proposals need to achieve budget neutrality?

No.

Proposer Comment: Other countries cover more people, with better quality, and at less cost. Other countries can be models for the Commission. **We urge the Commission to use a broad interpretation of cost ... systemic costs.**

20. Do you have to answer all of the questions? What if you are unable to do so?

The proposers are urged to be thoughtful and to make every effort to address the full list of questions. However, inability to answer a question should not discourage people from submitting a proposal. Also, if a question does not apply to your proposal, simply indicate such.

21. How do you recommend that proposers bridge niches and expertise? For example, quality experts don't always know the coverage, cost, access issues as well.

The Commission strongly encourages partnering prior to submission. If it does not make sense for you to partner, the Commission has indicated that it will accept narrow proposals (e.g., quality-only proposal). While it will not be selected for technical analysis, it could become part of the Commission's recommendations to the General Assembly.

Proposer Comment: The Commission should look at sustainability broadly, e.g., not just from a financial perspective. Is the proposal attractive to consumers?

22. The Commission has talked about a lead proposal. How will it create a lead proposal?

The legislation calls for review of 3-5 proposals. However, the Commission has received some feedback that it would be desirable for the Commission to make a single recommendation, in addition to providing 3-5 options. One possibility the Commission has considered is to select a "lead proposal" from one of the 3-5 submitted proposals. Alternatively, the Commission could create a proposal on its own or by merging the best features of submitted proposals. The latter option would require an extension of the Commission deadline.

23. Will the Commission work with proposers if it creates its own proposal?

The Commission may choose to involve the proposers on a technical assistance basis, but the decision-making role will reside with the Commission.

24. Can Commission keep an open mind that proposers be involved with the Commission in the development of a lead proposal.

We'll take this to the Commission.

25. Between the time the proposals are received and evaluated, will the Commission engage in any "tinkering" with proposals?

No - The workplans approved by the Operation Committee and attached to the solicitation and the RFP assume that the Commission would not alter proposals before they are submitted to the evaluator. We will get this confirmed by the Commission.

26. If there is a coalition or team approach to developing a proposal, will all parties (or multiple people) be brought in to answer modeler questions?

The proposers will be held accountable to an outcome of efficient decision-making. Generally, an individual or a small group of people with technical expertise is most efficient. However, this process does not assume that the proposer is always a single person. Staff will also be available to facilitate/make decisions if necessary.

25. How often does the Commission meet?

Generally, monthly.

27. Can “key author” be interpreted broadly? It is hard for a coalition to identify a “key author.”

The intention of the key author language is to identify who is responsible for the scope of work.

Proposer Comment: A coalition may be more comfortable with a “key contact” rather than a key author. The Commission can hold them accountable to an outcome (turn-around time of 24 hours) for answering modeling questions. But, let the coalition worry about how it will make decisions. **We will take this to the Commission.**

28. When would the 15 minute questions and answers meeting be scheduled?

The timeline should be posted by March 16th.

29. Will the Commission be consulting with authors if it does a lead proposal?

Don’t know the answer. **We’ll take this to the Commission.**

30. Will the initial cost estimates be public information? If so, isn’t that a public/political problem because if the first estimate is not usually accurate, the number is “out there.”

Currently that is in the RFP. We will take this to the Commission and ask vendors how they handle this.

30. What does it mean to say that the Commission will be the final decision-maker?

Commission reserves the right to change an assumption if they wanted to. However, modelers sometimes can run multiple assumptions (e.g., different provider rates) that would allow direct comparison of proposers’ assumptions to Commission preferences.

31. Doesn’t the January timeline short-circuit the proposers role? Doesn’t it compress into very much less time the proposers interaction with the modeler?

32. Isn't there less public input in the January timeline too? Receiving more time, but there are serious compromises in the process, even with the additional time?

33. Don't you have to iterate several times to get a good number on the 3-5 proposals?

The differences in the timelines were clarified for the proposers.

A: The Commission allocates time differently for the November and January scenarios. Through July, the timelines are similar. A concrete example may help. For instance, assume that the Commission receives 28 health care reform proposals, some of which are comprehensive and eligible for "technical analysis" (modeling) and others of which are more narrowly focused on a particular issue (e.g., quality) or population. Assume that the Commission chooses in May comprehensive health reform proposals A, B, and C as the 3-5 proposals for technical analysis. Each proposer then meets with the Evaluation firm to "specify" the proposal, that is, to clarify all assumptions and answer modeler questions.

Then, the Evaluation firm models the effect of each of the A, B, and C proposals on cost, coverage, and other impacts. The results are presented to the proposer and the Commission. If cost and coverage estimates are not as expected, the modeler will identify the cost and coverage drivers. The Offerer will also suggest design changes that would improve a proposal's performance. The proposer then indicates the desired "refinements" to the proposal and the Evaluation firm implements another "iteration", that is, it remodels the refined proposal. Findings are presented to the Commission in the form of a preliminary report. The proposer is also provided copies of the preliminary report. The preferred date for this report is July 15, 2007.

For the November scenario, the iteration/refinement process continues for A,B, and C. However, at this stage, the Commission becomes primary decision-maker with regard to further refinements. The RFP calls for at least 2 further iterations of A,B, and C. The Commission *may* select a proposal among A, B, and C to be the focus of its final recommendations to the General Assembly. As a result, it may be especially interested in iterations of this proposal. The Evaluation firm must submit a final report, as described in the RFP, by September 21, 2007.

For the January scenario, the Commission will review the results of the preliminary report in July (ideally). As in the November scenario, it may select a proposal among A, B, and C to be the focus of its recommendations to the General Assembly. Alternatively, the Commission may, if it deems necessary, combine the best features of A,B, and C to create a consolidated proposal. This would also be the stage at which proposals that address narrow topics or populations (e.g., quality, long-term care, etc.) would be considered. Thus, the consolidated proposal might merge aspects of several proposals (e.g., A,B,C,Q,P,and Z.) The Evaluation firm would be expected to provide technical

assistance to the Commission as it creates a consolidated proposal. If created, the consolidated proposal will be specified (once) and refined (at least twice). No further iterations will be done of A, B, and C. The Evaluation firm must submit a final report, as described in the RFP, by November 21, 2007.

34. How will public input inform the process, and is there a difference November vs. January?

In both, public input is linked to key deadlines, so they can inform the Commissioner recommendations.

Proposer Comment: The Commission should provide a description of modeling timelines/proposer roles in writing, including how public input would dovetail.

35. Will the final report be different for the two timelines?

They would be the same except that the January report would include a description of the lead proposal as well as the 3-5 modeled proposals.

36: Will the Commission engage a PR firm now to talk about how to manage the flow of information during the evaluation stage? If early evaluation results are publicly released and they show high cost and low coverage, it could kill support for any program that is modeled or recommended by the Commission. The Commission needs to think through how to carefully release information in a way that builds public support for the Commission's work.

A: We will pass this information to the Commission.

Staff Explanations

At several points during the question and answer period, the staff was asked or saw the need to provide background or work plan assumptions. These included:

- “Comprehensiveness” as a criterion is different than a “comprehensive proposal”. Comprehensiveness means that it addresses many/all of the criteria: cost, coverage, quality, efficiency, etc.
- Several terms are used interchangeably to describe the contracted services the Commission will obtain to estimate the cost, coverage, and other impacts of proposals: “independent consulting firm” (used in the legislation and RFP), “evaluation firm” (often used at Commission meetings), and “modelers” (often used by staff).

Submitted Questions

Potential proposal authors submitted the following questions prior to the Pre-Proposal Conference and the Technical Advisor prepared the responses.

GENERAL

Q: Is it all right for Commissioners to discuss their expertise with groups submitting proposals as long as they are not the primary author?

A: Yes, but they must disclose any conflict of interest to the full Commission before the Commission considers the proposal. The Commission's draft Conflict of Interest Policy states that "In the event of any potential, apparent, or actual conflict of interest, the Commissioner must disclose the existence and nature of his or her Financial Interest or Affiliated Interest to the Commission prior to the consideration of the affected proposal. . . A Commissioner shall not be the key author of a proposal."

The Commission's final Conflict of Interest Policy will be posted on the Commission's website when it is finalized.

Q: If an organization chooses to submit a health care reform proposal, would they thereby disqualify themselves from being selected as the evaluation firm ("Independent Consultant")?

Yes.

Q: Regarding TABOR, would it be necessary to run an initiative only if there is a tax increase associated with a Colorado proposal? Are there other scenarios where a voter-approved initiative would be required?

A: The Commission was not tasked with the responsibility for finding the funding for health care reform proposals. It is up to the General Assembly to consider how any health care reform proposal would be funded and how TABOR issues may need to be addressed.

II. D. MINIMUM REQUIREMENTS

Q: "Comprehensive" is the only required element under "II.D. Minimum Requirements," yet it is not defined. Could you share the Commission's definition of "comprehensive?"

A: The Commission made a decision not to define "comprehensive," but instead to refer proposal authors to the legislative charge of the Commission which is "to examine health care coverage and reform models designed to ensure access to affordable coverage for all Colorado residents." The Commission decided not to define "comprehensive" in

advance, for fear of limiting the kind of proposals that the Commission might receive.

III. A. GENERAL INSTRUCTIONS

Q: Do you prefer the Notice of Intent to Submit a Health Care Reform Proposal be sent by mail to you or by email or both?

A: Email is preferred, but either method is acceptable.

III. B. CONTENT INSTRUCTIONS

Q: Does the 35-page limit for the proposal include the one-page summary and also answers to all the questions a) through l)?

A: The 35-page limit for the proposal does not include the one-page cover page, but does include answering all questions 2.a) through 4.

Q: Are there minimum margin widths left and right?

A: Please use 1" margins.

Q: Heading b-1 says, "Please describe your proposal in detail." I presume this means I can insert the complete proposal narrative at this point. Having done so, may I then refer to the b-1 narrative in answering questions under later headings? For example, heading d-3 says, "How does your proposal define 'resident'?" May I answer that question by saying, "Resident is defined in Section l-2 of my narrative under heading b-1?" Or do you want a full repetition of the appropriate section of the b-1 narrative at that point?

A: Please provide a full repetition of the appropriate section after each question.

Q: Is there any specific way you would like outside sources to be cited within the proposal?

A: The Commission did not set any guidelines for referencing external documents, but please use any standard convention for citing outside sources.

Q: On page 15, the heading "comprehensiveness" is described by this phrase: "A reform proposal that is designed to expand coverage, increase access to quality care, improve health, and decrease costs broadly for all Coloradans." While those are noble and appropriate goals for reform, the 4 verbs used here are all incremental—expand,

increase, improve, and decrease. The word “change” is not used here. I’d argue that this does not constitute a comprehensive proposal. Is this what the Commission intends?

A: No. The terms “comprehensive proposal” and “comprehensiveness” are used differently in the Solicitation. While the criterion of “comprehensiveness” is defined in the criteria section of the Solicitation, this is not the definition that the Commission will use to determine which proposals are “comprehensive proposals.” The Commission decided not to define “comprehensive proposal.” See the question and answer under “Minimum Requirements” in these Questions and Answers.

Q: **Is there a common question on this topic of how to handle out-of-state visitors (tourist, or people driving, flying or other means traveling) needing or seeking health care either emergent or not?**

A: No.

V.D. REIMBURSEMENT FOR TRAVEL EXPENSES

Q: **Is the Commission envisioning paying people to develop detailed, solid, comprehensive proposals?**

A: No. The authors of each selected proposal will be reimbursed only for the reasonable travel expenses associated with the Scope of Work described in the Solicitation for Health Care Reform Proposals.